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KATTEN MUCHIN ROSENMAN LLP

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Mail Stop Appeal Brief - Patents - Commissioner for Patents	USPTO	(571) 273-8300	

Date	Client/Matter Number
May 30, 2006	331235-00021
From	Attorney Number
John S. Paniagnas	32347
Phone	Fax
312.902.5312	312.577.4532

Total number of pages, including cover letter: pages
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8 pages

Comments

RE: Patent Application No.: 10/696,894
Filing Date: October 30, 2003
Inventor: Gary W. Ramsden
Title: Automated Package Shipping Machine
Confirmation No. 9250

Please file the attached:
Transmittal Form (1 p.)
Fee Transmittal Form (1 pp.)
Amendment (4 pp.)
Petition for Extension of Time (1 p.).

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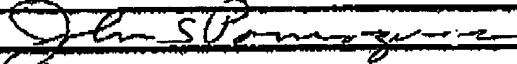
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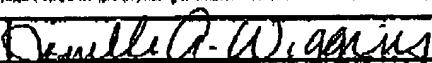
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PTO/SB/ST/104-04
Approved for use through 07/01/2005 GPO:05-1-0271
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM											
(For use when filing a continuation after an initial filing)											
Total Number of Pages in This Submission:											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; vertical-align: top; padding: 2px;">Filing Date</td> <td style="width: 90%;">October 30, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Sary W. Rosenman</td> </tr> <tr> <td>Art Unit</td> <td>3628</td> </tr> <tr> <td>Examiner Name</td> <td>Terry L. Stern</td> </tr> <tr> <td>Attorney Docket Number</td> <td>331290-00081</td> </tr> </table>		Filing Date	October 30, 2003	First Named Inventor	Sary W. Rosenman	Art Unit	3628	Examiner Name	Terry L. Stern	Attorney Docket Number	331290-00081
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Art Unit	3628										
Examiner Name	Terry L. Stern										
Attorney Docket Number	331290-00081										

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form: <input type="checkbox"/> Fee Waived	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Correspondence Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Same Day Letter <input type="checkbox"/> Other Enclosure(s) (Please Identify Below)
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<input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Requests <input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____	<input type="checkbox"/> Landscape Text on CD
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<input type="checkbox"/> Reply to Missing Parts <input type="checkbox"/> Incomplete Application <input checked="" type="checkbox"/> Reply to Missing Parts under 37 CFR 1.33 or 1.35		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Katten Muchin Rosenman L.P.		
Signature			
Printed Name	John S. Parashis		
Date	5/30/06	Page No.	31 of 31

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Type of Priority Filing	SEARCHED	INDEXED	MAILED
Deanne A. Wiggin		Date 5-30-06	

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**Fee Transmittal
For FY 2006** **APPLICANT OWNING THIS TRADE MARK. See 37 CFR 1.27****TOTAL AMOUNT OF PAYMENT (S) \$60.00**

Application Number 10/696,484

Filing Date October 30, 2003

First Named Inventor Gary W. Rosenman

Examiner Name Tracy L. Sorenson

Art Unit 3628

Attorney Docket No. 3129021061

METHOD OF PAYMENT (check all that apply) Check Credit Card Military Order None Other (please specify) _____ Deposit Account Deposit account number 50-1214 Deposit account name Katten Muchin

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THE FEE CALCULATION TABLE AND FORMS FOR TRADE MARKS MAY BE OBTAINED IN A BUREAU OF TRADE MARKS

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fees (\$)	Small Entity Fees (\$)	Fees (\$)	Small Entity Fees (\$)	Fees (\$)	Small Entity Fees (\$)	
Utility	300	150	500	350	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Service	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Schedule**

Each claim over 20 (including Relatives)

Small Entity

Fee (\$)

Fee (\$)

Each independent claim over 3 (including Relatives)

50

25

Multiple dependent claims

200

100

Total Claims

Final Claims Fee (\$)

Multiple Dependent Claims

Fee (\$)

- 20 or ref -

Fee (\$)

ref = regular number of total claims plus 1 if greater than 20

Final Claims Fee (\$)

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Initial Claims

- 3 or ref -

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